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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA

Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER <u>The Northwest Blade</u>		2. DATE <u>9-3-14</u>
3. FREQUENCY OF ISSUE <u>Weekly</u>	3A. NO. OF ISSUES PUBLISHED ANNUALLY <u>52</u>	3B. ANNUAL SUBSCRIPTION PRICE \$ <u>35.00</u>
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) <u>P.O. Box 797, Eureka, SD 57437-0797</u>		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) <u>P.O. Box 514 Bowdle, SD 57428-0514</u>		
6. FULL NAME OF PUBLISHER: <u>Pride Publications</u>		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.)		
FULL NAME <u>Tara Beitelspacher</u> <u>Jada Bulgin</u>		COMPLETE MAILING ADDRESS <u>P.O. Box 514</u> <u>Bowdle, SD 57428-0514</u>
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.)		
9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	<u>1150</u>	<u>1150</u>
B. PAID AND/OR REQUESTED CIRCULATION		
1. Sales through dealers and carriers, street vendors, counter sales, and paid electronic copies.	<u>110</u>	<u>110</u>
2. Mail Subscription (Paid and or requested)	<u>853</u>	<u>849</u>
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	<u>963</u>	<u>959</u>
D. FREE DISTRIBUTION		
1. BY MAIL, CARRIER OR OTHER MEANS	<u>14</u>	<u>14</u>
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	<u>2</u>	<u>2</u>
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	<u>979</u>	<u>975</u>
F. COPIES NOT DISTRIBUTED		
1. Office use, left over, unaccounted, spoiled after printing	<u>149</u>	<u>153</u>
2. Return from News Agents	<u>22</u>	<u>22</u>
G. TOTAL (Sum of E, F1 and F2 - Should equal net press run shown in A)	<u>1150</u>	<u>1150</u>

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Lindi Bergman
(Signature)

Circulation Manager
(Title)

State of South Dakota)

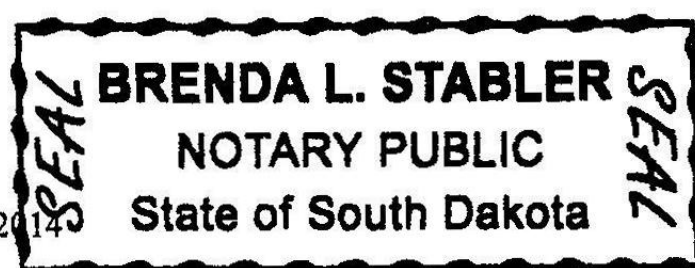
County of McPherson) §

Sworn to before me this 3rd day of Sept., 2015

Brenda L. Stabler
Notary Public

My commission expires: 4-19-2016

(Seal)





UNITED STATES
POSTAL SERVICE®

Statement of Ownership, Management, and Circulation
(All Periodicals Publications Except Requester Publications)

1. Publication Title The Northwest Blade	2. Publication Number 397-020	3. Filing Date 9-3-15
4. Issue Frequency Weekly	5. Number of Issues Published Annually 52	6. Annual Subscription Price \$35.00 in state \$40.00 out of state
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) P.O. Box 797 Eureka, SD 57437-0797		Contact Person Linda Bugman Telephone (Include area code) 605-284-2631

8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer)

P.O. Box 514
Bowdle, SD 57428-0514

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)

Publisher (Name and complete mailing address)

Pride Publications
P.O. Box 514
Bowdle, SD 57428-0514

Editor (Name and complete mailing address)

Managing Editor (Name and complete mailing address)

Tara Beitelspacher **P.O. Box 514**
Jada Bulgin **Bowdle, SD 57428-0514**

10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

Full Name	Complete Mailing Address
The Northwest Blade	Tara Beitelspacher Jada Bulgin
	P.O. Box 514 Bowdle, SD 57428-0514

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11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box ☒ None

Full Name	Complete Mailing Address

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)

The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:

☒ Has Not Changed During Preceding 12 Months

☐ Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)

13. Publication Title

The Northwest Blade

14. Issue Date for Circulation Data Below

9-3-14

15. Extent and Nature of Circulation

Average No. Copies
Each Issue During
Preceding 12 MonthsNo. Copies of Single
Issue Published
Nearest to Filing Date

a. Total Number of Copies (Net press run)

1150

1150

b. Paid
Circulation
(By Mail
and
Outside
the Mail)

(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)

470

466

(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)

383

383

(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®

110

110

(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g., First-Class Mail®)

0

0

c. Total Paid Distribution [Sum of 15b (1), (2), (3), and (4)]

963

959

d. Free or
Nominal
Rate
Distribution
(By Mail
and
Outside
the Mail)

(1) Free or Nominal Rate Outside-County Copies included on PS Form 3541

14

14

(2) Free or Nominal Rate In-County Copies Included on PS Form 3541

10

10

(3) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g., First-Class Mail)

10

10

(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)

2

2

e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))

36

36

f. Total Distribution (Sum of 15c and 15e)

999

995

g. Copies not Distributed (See Instructions to Publishers #4 (page #3))

151

155

h. Total (Sum of 15f and g)

1150

1150

i. Percent Paid
(15c divided by 15f times 100)

9790

9790

* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.

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UNITED STATES
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Statement of Ownership, Management, and Circulation
(All Periodicals Publications Except Requester Publications)

16. Electronic Copy Circulation

	Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Paid Electronic Copies		
b. Total Paid Print Copies (Line 15c) + Paid Electronic Copies (Line 16a)		
c. Total Print Distribution (Line 15f) + Paid Electronic Copies (Line 16a)		
d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c × 100)		

☐ I certify that 50% of all my distributed copies (electronic and print) are paid above a nominal price.

17. Publication of Statement of Ownership

☒ If the publication is a general publication, publication of this statement is required. Will be printed

☐ Publication not required.

in the September 10, 2015 issue of this publication.

18. Signature and Title of Editor, Publisher, Business Manager, or Owner

Date

Linda Bergman
Circulation Manager

9-3-14

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

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